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PTO/SB/21 (8-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

GP 1762 \$

# TRANSMITTAL FORM

No. Pages in this  
submission 8

Application Number	09/649,413
Confirmation Number	7157
Filing Date	August 26, 2000
First Named Inventor	MATHUR, Vijay K.
Group Art Unit	1762
Examiner Name	CHIN, P.
Attorney Docket No.	GR1-2790-U

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Response to Rest. Requirement	<input type="checkbox"/> Drawing(s) FORMAL	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration	<input type="checkbox"/> Licensing - related papers	
<input checked="" type="checkbox"/> Extension of Time Requests (5th)	<input type="checkbox"/> Petition Petition to Convert to Provisional Application	<input type="checkbox"/> Appeal Communication to Group
	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement (Form SB08 with disclosed art)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosures identify below:
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Stmt.	* Response to Restriction Requirement - Transmittal
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Return Receipt Card <input type="checkbox"/> Remarks	

Firm or Individual  
Name

R. Reams Goodloe, Jr.

Reg. No.: 32,466

Signature

Date

September 12, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First-Class Mail-[express mail label EU432899229US] in an envelope addressed to U.S. Patent and Trademark Office, Washington, D.C., 20231 on this date:  
September 12, 2002

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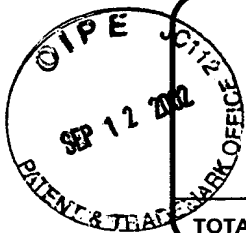
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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

## Complete if Known

Application Number	09/649,413	Confirmation No. :	7157
Filing Date	08/26/00		
First Named Inventor	MATHUR, Vijay K.		
Examiner Name	Chin, P.		
Group / Art Unit	1762		
Attorney Docket No.	GR1-2790-U		

TOTAL AMOUNT OF PAYMENT (\$) 980.00

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 07-1613  
 Deposit Account Name: R. Reams Goodloe, P.S.

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17

☒ Applicant claims small entity status  
 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number prev. paid, if greater.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexam.	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	980.00
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 980.00

## SUBMITTED BY

Typed or Printed Name

R. Reams Goodloe, Jr.

Signature

Date

09/12/02

## Complete (if applicable)

Reg. Number

32,466

Deposit Account User ID

4035

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. EXPRESS MAIL LABEL NO.: EU432899229US

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RESPONSE TO RESTRICTION REQUIREMENT - TRANSMITTAL

Attorney Docket No: GR1-2790-U

CERTIFICATE OF MAILING

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Commissioner for Patents  
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*Rhonda Goodloe*

Signature of Depositor

Rhonda Goodloe

Print Name of Depositor

Date: September 12, 2002



**IN THE UNITED STATES**

**PATENT AND TRADEMARK OFFICE**

Confirmation No.: 7157

Applicant: MATHUR, Vijay K.

Serial No.: 09/649,413

Filed: August 26, 2000

Title: MULTI-PHASE CALCIUM SILICATE  
HYDRATES, METHODS FOR THEIR  
PREPARATION, AND IMPROVED PAPER  
AND PIGMENT PRODUCTS PRODUCED  
THEREWITH

)  
)  
) Art Unit:  
) 1762  
)  
)  
) Examiner  
) P. Chin  
)  
)

Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE TO RESTRICTION REQUIREMENT - TRANSMITTAL**

1. Transmitted herewith is a RESPONSE TO RESTRICTION REQUIREMENT for this application.

**STATUS**

2. Applicant is a small entity.

☐ other than a small entity.

☒ Applicant hereby asserts status as a small entity under 37 C.F.R. § 1.27.

☐ other than a small entity.

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**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

*(complete (a) or (b), as applicable)*

- (a) ☐ Applicant petitions for an extension of time under 37 CFR § 1.136 (fees: 37 CFR § 1.17(a)(1)-(4) for the total number of months checked below.

EXTENSION (months)	FEE FOR OTHER THAN SMALL ENTITY	FEE FOR SMALL ENTITY
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 400.00	\$ 200.00
<input type="checkbox"/> three months	\$ 920.00	\$ 460.00
<input type="checkbox"/> four months	\$ 1,440.00	\$ 720.00
<input checked="" type="checkbox"/> five months	\$ 1,960.00	\$ 980.00

**FEE: \$980.00**

If an additional extension of time is required, please consider this a petition therefore.

*(check and complete the next time, if applicable)*

- ☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefore of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$\_\_\_\_\_

**OR**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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**FEE FOR CLAIMS**

4. The fee for claims (37 CFR § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL		MINUS		=	x \$ 9	=	\$
INDEP.		MINUS		=	x \$42	=	\$
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140	=	\$
				TOTAL ADDITIONAL FEE		\$	

(complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$\_\_\_\_\_.

**FEE PAYMENT**

5. ☒ Attached is a check in the sum of \$980.00.

☐ Charge Account No. 07-1613 the sum of \$\_\_\_\_\_.

☐ A duplicate copy of this transmittal is attached.

**FEE DEFICIENCY**

☒ If any additional extension and/or fee is required, charge Account No. 07-1613.

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RESPONSE TO RESTRICTION REQUIREMENT - TRANSMITTAL

Attorney Docket No: GR1-2790-U

AND/OR

☒ If any additional fee for claims is required, charge  
Account No. 07-1613.

Date: September 12, 2002

Phone: 253-859-9128

Fax: 253-859-8915

Customer

No.: 20793

SIGNATURE OF ATTORNEY

R. Reams Goodloe, Jr.  
Reg. No. 32,466

Suite 3  
10725 - S.E. 256<sup>th</sup> Street  
Kent, Washington  
98030-8285

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